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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818) RECEIVED Application Number 09/963.844 RANSMIT CENTRAL FAX CENTER 09/26/2001 Filing Date First Named Inventor Joseph Wilkes <del>Ma</del>ir 2 9 *2*007 QURESHI, Afsar M. **Examiner Name** See 37 CFR 1.27 Applicant claims small entity status. 2616 Art Unit APP 1304 \$790.00 Attorney Docket No. TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Other (please identify): □ Check Telcordia Technologies 🔀 Deposit Deposit Account Name: 021822 Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or any underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES **SEARCH FEES** Small Entity Small Entity Small Entity Fees Paid(\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type 100 300 150 500 250 200 Utility 100 50 130 65 200 100 Design 80 300 150 160 200 100 Plant 250 600 300 300 150 500 Reissue 0 ٥ ۵ 200 100 Provisional 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 Each independent claim over 3 (including Reissues) 100 380 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (5) Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Total Claims - 20 or HP = <u>\$0.00</u> 20 HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Indep. Claims Fee (\$) -3 or HP = <u> \$200.00</u> = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Extra Sheets **Total Sheets** - 100 = /50 \_ (round up to a whole \$250.00 50.00 0 Fee Paid (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) \$790.00 Other (e.g., late filing surcharge): RCE Fee 1.17(e)

SUBMITTED BY	<i>[</i>							
Signature	$\searrow$	77-	27		Registration No. (Attomey/Agent)	35158	Telephone	732-699-4800
Name (PrintType	7	· · · · · · · · · · · · · · · · · · ·	1	Joseph Giore	iano	· · · · · · · · · · · · · · · · · · ·	Date	March 29, 2007

This collection of information is required by 57 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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